

Department of Workforce Development
Division of Worker's Compensation
P.O. Box 7901
Madison, WI 53707-7901
Telephone: (608) 266-1340
Fax: (608) 267-0394
Email: dwddwc@dwd.wisconsin.gov

STATE OF WISCONSIN



Department of Workforce Development

Scott Walker, Governor
Raymond Allen, Secretary

August 29, 2017

TEST INSURER 2
C/O TEST INSURER 2
123 JENNIFER ST
MADISON WI 53703

HEALTH COST DISPUTE/REASONABLENESS OF FEES

DISPUTE ID: EMPLOYEE: TESTER SAMPLE SIMPLES-SAMPLER
INJURY DATE: EMPLOYER: SAMPLE EMPLOYER

Treatment Dates: From: Through:

We have received a health cost dispute for reasonableness of fees. The amount in dispute is

You have 20 days from the date of this notice to file an answer with the Department and send a copy of the answer to the provider, or pay the disputed amount. (Wis. Stats. 102.16(2) and Wis. Admin. Code s. DWD 80.72 (4)(c) and (d)).

It is your responsibility to provide the Department with information on fees from a database certified by the Department.

Your failure to answer within 20 days will result in a determination that the fee is reasonable and an order that it be paid.

If you need further information, please contact the Health Cost Dispute Unit at (608) 264-6819.

Health Cost Dispute Unit
Worker's Compensation

GL94 (R. 04/2015)

Copy sent to:
PROVIDER
ADDRESS1
ADDRESS2
CITY STATE ZIP